

RECEIVED

OCT 27 2011

## STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation SEC. OF STATE

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER <u>Murdo Coyote</u>		2. DATE <u>10/26/11</u>	
3. FREQUENCY OF ISSUE <u>Weekly</u>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <u>52</u>	3B. ANNUAL SUBSCRIPTION PRICE <u>\$34 local \$39 other</u>	
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <u>Murdo Coyote P.O. Box 465 210 Main St. Murdo SD 57559-0465 Jones Co.</u>			
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <u>on back</u>			
6. FULL NAME OF PUBLISHER: <u>Donald Ravellette</u>			
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.) FULL NAME <u>on back</u> COMPLETE MAILING ADDRESS			
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) <u>on back</u>			
9. EXTENT AND NATURE OF CIRCULATION		AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)		<u>651</u>	<u>651</u>
B. PAID AND/OR REQUESTED CIRCULATION			
1. Sales through dealers and carriers, street vendors and counter sales.		<u>121</u>	<u>119</u>
2. Mail Subscription (Paid and or requested)		<u>425</u>	<u>428</u>
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)		<u>546</u>	<u>547</u>
D. FREE DISTRIBUTION			
1. BY MAIL, CARRIER OR OTHER MEANS		<u>20</u>	<u>21</u>
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		<u>0</u>	<u>0</u>
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)		<u>566</u>	<u>568</u>
F. COPIES NOT DISTRIBUTED			
1. Office use, left over, unaccounted, spoiled after printing		<u>73</u>	<u>71</u>
2. Return from News Agents		<u>12</u>	<u>12</u>
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)		<u>651</u>	<u>651</u>

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public  
I swear that the statements made by me are true, correct, and complete:

Dr. Ravellette  
(Signature)

Publisher  
(Title)

State of South Dakota )  
County of Haakon )

(Seal)

Sworn to before me this 26 day of Oct, 20 11

Julene Haynes  
Notary Public

My commission expires: 4-3-2015

**Owners:**

Ravellette Publications, Inc.  
P O Box 788  
Philip, SD 57567-0788

Donald Ravellette  
P O Box 633  
Philip, SD 57567-0633

**Bondholders, Mortgages & Other Security Holders:**

First National Bank  
P O Box 910  
Philip, SD 57567-0910